

Nutrition/Health Volume  
Certification Section

Risk Factor 201 Low Hematocrit/Hemoglobin (2.04350)

ER# 2.04350

Authority 20145 7CFR 246.7(e)(1) & (2)(i) & WIC Policy Memorandum 98-9 Revision 4  
WC-00-24-P; Transmittal of Revised, Not Allowed and Corrected Nutrition Risk Criteria  
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POLICY: Risk Factor 201 shall be assigned to participants with a hemoglobin or hematocrit concentration below the 95 percent confidence interval (i.e., below the .025 percentile) for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy.

Cut-off values are provided in Tables 201-A and 201-B (included in USDA Justification document), based on the levels established by the Centers for Disease Control and Prevention (CDC).

Adjustments for smoking and/or altitude are optional for State agencies as long as the cut-off values used are those indicated on the CDC tables. MOWINS automatically makes adjustments for smoking.

In addition Table 201-C (included in USDA Justification document) includes a table of rounded hematocrit values adapted from CDC for those WIC agencies that obtain hematocrits only in whole numeric values.

For applicants or participants who are being certified or recertified, a blood test for low hemoglobin/low hematocrit will be performed or test results will be provided by referral, except for infants less than 9 months of age.

Children who are being recertified and have test levels within the normal range, and are at least 22 months of age, will be rescreened for low hemoglobin/low hematocrit in twelve months.

For pregnant women, blood work will be evaluated using the recommended trimester values.

Prenatal women, infants and children with a hemoglobin reading less than 10.0 gm/100 ml or a hematocrit less than 31% will be considered high risk by MOWINS CPA and Nutritionist and require a SOAP note by the Nutritionist. Procedures for obtaining data, documentation and assigning risk factors must be followed.

PROCEDURES:

A. Obtaining Data

1. CPAs, WIC Certifiers and/or HPAs must perform this assessment if no referral data is available. Perform the hematological assessment using state approved hematological equipment. Use the Health and Nutrition Assessment Handbook ([HNAH](#)) for reference

regarding correct techniques.

- a. Follow the manufacturer's recommendations and instructions for correct usage, calibration, service, and cleaning of specific equipment being used.
  - i. Dispose of blood-related materials in a puncture-proof container (cuvettes and lancets) or hazardous materials bag (gloves and gauze).

B. Documenting

1. Record the hemoglobin or hematocrit reading in MOWINS.
2. ~~If data was provided by a referral source, scan the referral form in MOWINS.~~

C. Assessing and Assigning Risk Factor

1. Determine if the data was collected within appropriate time frame and category.
2. Risk factor 201 will be automatically assigned by MOWINS for all participant categories who have hemoglobin or hematocrit levels below the levels indicated in the [Risk Factor Detail Guide](#). Refer to the [Risk Factor Detail Guide](#) for additional information. **Priority assignment for the risk factor is found in ER #2.03200.**
3. MOWINS automatically flags all Risk Factor 201 assignment as high risk for all prenatal, infant and children participants with a hemoglobin reading less than 10.0gm/100 ml or a hematocrit below 31%. **The Nutritionist shall c**~~om~~**plete** a SOAP Note in MOWINS only for all prenatal, infant and children participants with a hemoglobin reading less than 10.0gm/100 ml or a hematocrit below 31%. Refer to [ER #2.02900](#).

D. Providing Appropriate Counseling (See [Counseling Guides](#) ~~for suggested counseling~~). Refer to the [Nutrition Training Manual](#) for more information. **Additional education suggestions are located in the USDA Regulations and Justification for the risk factor.**

1. Counseling and education shall be provided by the CPA.
2. Document counseling contact in MOWINS.

E. Providing Referrals.

1. Provide appropriate referral information and document in MOWINS.